

Pre-exercise Screening Questionnaire

Name:..... DOB:..... Gender: M / F
 Height (cm): Weight (kg):.....
 Contact no:.....
 Emergency contact (name):.....
 Emergency contact no:.....
 Occupation:.....

1. Known diseases:

List any medications you are currently taking:

.....

Do you have Diabetes? Y N

If yes, IDDM NIDDM

Have you had a stroke? Y N

Has your doctor ever told you that you have heart trouble?

Y N

Do you get out of breath easily? Y N

Are you, or do you have any reason to believe, that you are pregnant?

Y N

Is there any physical reason, which would prevent you from under taking an exercise program, even if you wanted to? Y N

Are you currently carrying any injuries? IF YES, please give details:

.....

2. Signs & Symptoms

Do you often have pains in your heart and chest, especially with exercise?

Y N

Have you, at any time in the last 12months, had an attack of shortness of breath that came on during the day when you were not doing anything strenuous?

Y N

Do you often feel faint or have spells of severe dizziness, particularly with exercise?

Y N

In the last 12months, have you ever had shortness of breath post exercise?

Y N

Do you experience swelling or accumulation of fluid about the ankles?

Y N

Do you feel like your heart is beating faster, racing, or skipping beats either at rest or during exercise?

Y N

Do you often experience fatigue when you are not doing anything strenuous, or when you are not doing anything at all? Y N

Do you feel soreness or stiffness anywhere in your body when you are exercising? Y N

If YES, please describe (e.g. location & type of pain – sharp/dull):

.....

3. Cardiac Risk Factors

Do you smoke cigarettes daily? Y N
 How many per day?

Have you quit smoking in the last 12months? Y N

Do you have a close relative who has suffered a stroke, heart attack, or cardiovascular disease? Y N

If yes, how are you related?.....

Has your doctor ever told you that you have high blood pressure? Y N

What is your blood pressure? (e.g. 117/70)

Do you know your serum cholesterol? If yes, what is it? Y N

4. Exercise Intentions

Exercise Declaration

I,, hereby declare that I will do my best to commit to session/s per week until I reach my goal. I understand that this is what I need to do in order to achieve my goal/s of.....
, and sustaining a healthy way of life.

My trainer, will aid me in achieving my goals, support and guide me through my personalised program. It is also my trainer's duty to provide a safe training environment, to the best of their ability.

.....

.....

Client

Trainer

Date:

DISCLAIMER: The information obtained here in will be treated as confidential and will not be released or revealed to any client without your written consent. I have understood and answered all questions honestly and to the best of my knowledge. I acknowledge the risks associated with engaging in any physical activity. I am satisfied that my fitness trainer has taken sufficient precautionary measures – to the best of their ability – to ensure a safe training environment.

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Client's Signature

Date